

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-OCT-2015		TIME 08:34:00		2. ADDRESS OF OCCURRENCE 3522 W GRENSHAW ST CHICAGO, IL 60624		3. LOCATION CODE 289		4. BEAT/OCCUR 1133		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME RAETHER	7. FIRST NAME JUSTIN A	8. STAR NO 19905	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 604	12. HT. 210	13. WT. 210	
	14. DATE OF APPT. 27-MAR-2006	15. EMPLOYEE NO. 011	16. UNIT & BEAT OF ASSIGNMENT 1106A		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	20. LAST NAME MCCALLUM	21. FIRST NAME JEFFERY	22. M.I. D	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 506	26. HT. 160	27. WT. 160		
SUBJECT INFORMATION	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid				
	36. CHARGES PLACED [REDACTED]				37. CB NO. [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	38. DINA <input type="checkbox"/>		39. DINA <input type="checkbox"/>		40. DINA <input type="checkbox"/>		41. DINA <input type="checkbox"/>		42. DINA <input type="checkbox"/>	
	39. DINA <input type="checkbox"/>		40. DINA <input type="checkbox"/>		41. DINA <input type="checkbox"/>		42. DINA <input type="checkbox"/>		43. DINA <input type="checkbox"/>	
SUBJECTS ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER [REDACTED]		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER [REDACTED]		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER [REDACTED]		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER [REDACTED]		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER [REDACTED]	
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER [REDACTED]		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER [REDACTED]		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER [REDACTED]		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER [REDACTED]		FIREARM <input checked="" type="checkbox"/> OTHER [REDACTED]	
	43. MAKE/MANUFACTURER UNKNOWN OR UNPUBLISHED GUN MAKE CODE- UNKNOWN		46. MODEL UNKNOWN		47. BARREL LENGTH 16		48. CALIBER/GAUGE 223/5.56			
WEAPON DISCHARGE INCIDENT	49. TASER DART ID NO. DD041540D		50. WEAPON SERIAL No. (Include Letters) DD041540D		51. CHICAGO GUN REG. NO. R036693L		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]	
	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED FEDERAL LAKE CITY		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 4	
WEAPON DISCHARGE INCIDENT	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 03 OTHER (Specify) WAS NOT DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT	
CASE INFO.	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		71. REPORTING MEMBER (Print Name) RAETHER, JUSTIN A		STAR/EMPLOYEE NO. 19905	
	73. REPORTING MEMBER (Print Name) RAETHER, JUSTIN A		STAR/EMPLOYEE NO. 19905		SIGNATURE [REDACTED]		74. REVIEWING SUPERVISOR (Print Name) GARTNER, JOHN A		STAR NO. 2523	
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) GARTNER, JOHN A		STAR NO. 2523		SIGNATURE [REDACTED]		DATE REVIEWED 04-OCT-2015 21:32:24		TIME 04-OCT-2015 21:32:24	
	75. REVIEWING SUPERVISOR (Print Name) GARTNER, JOHN A		STAR NO. 2523		SIGNATURE [REDACTED]		DATE REVIEWED 04-OCT-2015 21:32:24		TIME 04-OCT-2015 21:32:24	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time, it is the preliminary determination of the undersigned that P.O. RAETHER acted in accordance with Department Policy in that P.O. RAETHER fired his weapon after offender pointed a handgun at P.O. RAETHER.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STAPLES, MELISSA A

SIGNATURE

DATE COMPLETED

TIME

04-OCT-2015 22:20:14

79. TOTAL TRP's THIS EVENT No.

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